

MATERNAL SUPPORT SERVICES (MSS) DISCHARGE SUMMARY

Beneficiary's Name: _____ Date of Birth: _____
Current Address: _____
Referral Source (Agency/Program/Prenatal Care Provider): _____
Reason for Referral (High-Risk Criteria): _____
Date of Initial Assessment: _____
Sent to Medical Care Provider ☐ Yes ☐ No
Total Number of Visits By: _____ RN _____ SW _____ RD

Summary of MSS Plan of Care Problems/Issues Addressed:

HEALTH INFORMATION

MATERNAL HEALTH

- ☐ Lack of prenatal care
- ☐ Difficulties with access to prenatal care provider
- ☐ Unsatisfied with health care
- ☐ Current health problem(s) _____
- ☐ Problems with previous pregnancies
- ☐ Lack of family planning
- ☐ Lack of dental care
- ☐ Unmet needs _____

SMOKING

- ☐ Smoked during pregnancy
- ☐ Continues to smoke
- ☐ Unmet needs _____

IMMUNIZATION

- ☐ Mom: Not up to date
- ☐ Preschooler(s): Not up to date
- ☐ Exposure to _____
- ☐ Unmet needs _____

NUTRITION

- ☐ Pre-pregnancy overweight/obesity
- ☐ Inappropriate weight gain
- ☐ Gastrointestinal problems
- ☐ Inappropriate eating patterns
- ☐ Inadequate food supply
- ☐ Lack of prenatal vitamins
- ☐ Difficulty with breast-feeding
- ☐ Unmet needs _____

SEXUALLY TRANSMITTED INFECTIONS

- ☐ At risk for sexually transmitted infection(s)
- ☐ Positive test for sexually transmitted infection(s) during this pregnancy
- ☐ Unmet needs _____

Beneficiary's Name: _____

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EMOTIONAL/MENTAL HEALTH INFORMATION

EMOTIONAL/MENTAL STRESSOR

- ☐ Lack of knowledge about pregnancy
- ☐ Lack of acceptance
- ☐ Lack of father involvement
- ☐ Lack of social support
- ☐ Unusual stressors
- ☐ Inadequate coping skills

- ☐ Symptoms of depression
- ☐ Diagnosis of mental illness
- ☐ Children's Protective Services involvement
- ☐ Indicator(s) of domestic violence
- ☐ Unmet needs _____

ALCOHOL/DRUG USE

- ☐ Alcohol use during pregnancy
- ☐ Prescription drug use
- ☐ Street drug use
- ☐ Arrested during pregnancy

- ☐ Unmet needs _____

ENVIRONMENTAL INFORMATION

- ☐ Unsafe or inadequate housing
- ☐ Exposure to toxic substance such as:
 - ☐ lead ☐ asbestos ☐ pesticides ☐ cleaners ☐ other _____
- ☐ Exposure to allergens
- ☐ No smoke detectors
- ☐ Second-hand smoke
- ☐ Presence of weapons
- ☐ Frequent moves
- ☐ Problems with money management
- ☐ Lack of proper car seat
- ☐ Unsafe sleeping arrangements
- ☐ Inadequate baby supplies
- ☐ Unmet needs _____

CHILDBIRTH EDUCATION

- ☐ Lack of childbirth education
- ☐ Unmet needs _____

TRANSPORTATION

- ☐ Lack of transportation
- ☐ Unmet needs _____

OTHER: _____

REFERRALS MADE: _____

Signature of MSS Care Coordinator: _____

Date: _____